

1902

**ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 192

Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Maricopa (b) City or Town Wickenburg (c) Location Wickenburg Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 2 Days ; In Community 2 Days ; In Arizona 35 years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz. ; (b) County Yavapai ; (c) City or Town Rural  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_ ; (e) If foreign born, in U. S. \_\_\_\_\_ yrs.  
3. (a) FULL NAME Elizabeth K. Cameron (b) If veteran \_\_\_\_\_ (c) Social \_\_\_\_\_  
Security No. None  
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Married6. (b) Name of husband Fred Henry Cameron 6. (c) Age of husband 44 yrs.  
or wife, if alive7. Birthdate of deceased Sept 9 1903  
(Month) (Day) (Year)8. AGE: Years 37 Months 10 Days 1 If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Ramona Oklahoma  
(City, town or county) (State or Country)10. Usual Occupation Housewife

11. Industry or Business \_\_\_\_\_

Father { 12. Name James B. Kay  
13. Birthplace Not Known  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Aneline Mulky  
15. Birthplace Mc Adocas Texas  
(City, town or county) (State or Country)

16. (a) Informant's own signature Fred Henry Cameron(b) Address Wickenburg Arizona17. (a) Burial, Cremation or Removal Burial(b) Place Wickenburg (c) Date 7/14/41 1918. (a) Embalmer's Signature H. L. Coffinger(b) Funeral Director H. L. Coffinger(c) Address Wickenburg Arizona19. (a) 7/14/41  
(Date received from Registrar)(b) Thomas M. Coffinger  
(Registrar's Signature)

20M 100% Rag 9/23/40

**MEDICAL CERTIFICATION**20. DATE OF DEATH (Month, day and year) 7/13/41 ;  
TIME (Hour and minute) \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from July 10 -  
\_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_ ;

that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_ ;

and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral accidentDue to Hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or Town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in  
public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Thomas M. Coffinger M. D.Address Wickenburg Date signed 7/14/41**DURATION**6 days4 years**PHYSICIAN**Underline the  
cause to which  
death should  
be charged  
statistically.